



State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

Dear Provider:

Thank you for your interest in registering your National Provider Identifier (NPI) with Medi-Cal. Please read the information below before you proceed with completing the registration form attached.

The registration allows Medi-Cal and CHDP providers to register one NPI for each active Medi-Cal/CHDP provider number. If a provider has a Medi-Cal **and** CHDP provider number, the NPI will be automatically updated for both programs when a Medi-Cal/CHDP provider registers their NPI with Medi-Cal by using the online NPI collection tool or the registration form.

Providers With More Than One Active Medi-Cal or CHDP Number:

Providers who have more than one active Medi-Cal or CHDP provider number must complete a separate registration for each existing provider number to register a single or subpart NPI. Providers may register only one NPI per provider number.

In most cases, the provider may choose to register the same NPI or the subpart NPI to replace multiple provider numbers.

Pursuant to *Code of Federal Regulations*, Title 42, Section 424.57, providers of Durable Medical Equipment (DME), prosthetics, orthotics, and medical supplies are required to use a separate NPI for each individual business location, in accordance with the HIPAA-NPI final rule. Medi-Cal providers subject to this provision of the final rule have yet to be determined. CDHS encourages providers to refer to future *Medi-Cal Updates* or the [NPI Overview](#) page for a final determination on Medi-Cal requirements for this rule.

Separate “Pay-to” and “Mail-to” Addresses, Differing EFT Accounts and PINs:

Medi-Cal allows providers to use separate “Pay-to” and “Mail-to” addresses, plus differing Electronic Funds Transfer (EFT) account information and Personal Identification Numbers (PINs) for each provider number. Medi-Cal policy regarding such addresses and accounts will continue for each NPI registered.

Providers who choose to replace multiple Medi-Cal and CHDP provider numbers with one NPI must designate which Medi-Cal provider number will be the source of the various addresses, accounts and PINs that will be associated with the new NPI number.

If a primary Medi-Cal or CHDP provider number is not specified for the new NPI, then the first Medi-Cal provider number on file will be replaced with the new NPI, by default, and be used to determine which addresses, accounts and PINs will be associated with that NPI.

Note: For Medi-Cal and CHDP organizational providers that prefer to maintain multiple “Pay-to” or “Mail-to” addresses, differing EFT accounts, or PINs consistent with the number of Medi-Cal and CHDP numbers and locations currently enrolled, CDHS encourages the use of unique NPIs for subparts.

Registering Multiple NPIs for Multiple Medi-Cal and CHDP Provider Numbers:

The NPI registration form does not allow registration of more NPIs than existing Medi-Cal/CHDP provider numbers. CDHS is reviewing the NPI final rule requirements relative to accepting multiple NPIs in excess

of the existing provider numbers. If your organization has more subpart NPIs than existing Medi-Cal or CHDP provider numbers, CDHS encourages you to refer to future *Medi-Cal Updates* or the [Register, Update or Inquire About NPIs](#) page on the Medi-Cal Web site for a final determination on Medi-Cal requirements for this NPI rule.

Providers Not Required to Register:

In accordance with the NPI final rule, some providers are not required to enumerate and register an NPI with Medi-Cal and are designated “atypical”. According to CDHS’ interpretation of the NPI final rule (re: “atypical” providers), the following Medi-Cal provider types are not required to register an NPI:

- Blood Banks
- Christian Science Practitioners
- Multipurpose Senior Services Programs

When submitting the hard copy NPI registration form to Medi-Cal, the National Plan and Provider Enumeration System (NPPES) NPI assignment letter must be attached to the completed form. The return address for the form and NPPES letter is printed on the registration form.



National Provider Identifier Registration Form

This form is being used to register your National Provider Identifier (NPI) with the California Department of Health Services Provider Enrollment Branch (PEB), Medi-Cal Dental Program (Denti-Cal), and Child Health and Disability Prevention Program (CHDP). All areas with an asterisk (*) are required. If you have any questions or need assistance with this form, please call the applicable NPI Helpdesk:

Medi-Cal – 1-800-541-5555

Denti-Cal – 1-800-423-0507

NOTE: A separate NPI registration form is required for each existing Provider number.

This form is being submitted for:		<input type="checkbox"/> New NPI Registration	<input type="checkbox"/> Update to previously submitted information
*Medi-Cal, Denti-Cal, or CHDP Provider Number	*Provider Name		*NPI (attach a copy of the CMS/NPPES NPI confirmation letter to this form)
*PLEASE PROVIDE one of the following for Medi-Cal, Denti-Cal or CHDP:			
Provider Identification Number (PIN)	OR	Last 4 digits of Taxpayer Identification Number (TIN)	OR Last 4 digits of Social Security Number (SSN)

Note: This section does NOT apply to Denti-Cal providers.

Are you replacing multiple Medi-Cal and/or CHDP provider numbers with one (1) NPI?

☐ Yes ☐ No

IF YES, Do you want the data associated with this **Medi-Cal** provider number to be assigned to your NPI?

☐ Yes ☐ No

Do you want the data associated with this **CHDP** provider number to be assigned to your NPI?

☐ Yes ☐ No

Providers who choose to replace multiple Medi-Cal and CHDP provider numbers with one NPI **must designate which Medi-Cal provider number will be the source of the various addresses, accounts and PINs that will be associated with the new NPI number.** If a primary Medi-Cal or CHDP provider number is not specified for the new NPI, then the first Medi-Cal provider number on file will be replaced with the new NPI, by default, and be used to determine which addresses, accounts and PINs will be associated with that NPI.

MEDICARE NPI INFORMATION –

Please enter your Medicare NPI for this Medi-Cal number. Enter any additional Medicare NPIs for this Medi-Cal number on the reverse side of this form.

NPI	NPI
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NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION – Please enter the License Number and corresponding NPI for each NMP you provided in the original application to CMS/NPPES, if applicable. Enter any additional NMP License Numbers and NPI on the reverse side of this form.

NMP License Number	NMP NPI	NMP License Number	NMP NPI
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Some Medi-Cal, Denti-Cal and CHDP provider agreements will need to be updated with this NPI information. A complete list of these forms is on the reverse side of this form.

NOTE: If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

***I authorize Medi-Cal, Denti-Cal or CHDP to update the agreements I have on file with my NPI information:**

☐ **I agree**

☐ **I do not agree** and understand that, as a result of not authorizing this update, access to any electronic service provided by the Medi-Cal program; including, but not limited to, electronic claims submission (CMC), Point of Service (POS) transactions, Eligibility Inquiries, Medi-Cal website transactions, etc., will be terminated until a new hard-copy agreement is submitted using the new NPI.

CONTACT INFORMATION FOR FOLLOW-UP – Please Print

*First name	*Last name
*Contact Phone Number ()	*Mailing Address for confirmation of processed NPI (Street, City, State, Zip)

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and in the attachments are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider.

*Print name and title of authorized representative or Provider

* Authorized representative or Provider signature	*Date
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Return completed form to:

Medi-Cal/CHDP

California Department of Health Services
PRO - NPI Help Desk
Medi-Cal Fiscal Intermediary
PO Box 13811
Sacramento, CA 95853-9946

Denti-Cal

California Department of Health Services
Medi-Cal Dental Program
Provider Enrollment
PO Box 15609
Sacramento, CA 95852-0609

Agreement Update Information on reverse side.

National Provider Identifier Registration Form

AGREEMENT UPDATE INFORMATION

The following is a list of agreements that you may have submitted and are on file that will need to be updated with your NPI:

- Billing Intermediary Registration Form (Denti-Cal Form)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Physicians and Podiatrists (DHS 4514)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Allied Health Care Professionals (DHS 4515)
- CHDP Telecommunications Provider and Biller Application/Agreement (DHS 4431)
- Direct Deposit Enrollment Form (Denti-Cal Form)
- EFT Enrollment Authorization
- Electronic Health Care Claim Payment/Advice Receiver Agreement (ANSI ASC X12N 835 Transaction)
- Medi-Cal Dental Telecommunications Providers and Biller Application/Agreement (Denti-Cal Form)
- Medi-Cal Eligibility Verification Enrollment Form
- Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHS 6153)
- Medi-Cal Point of Service (POS) Network/Internet Agreement
- Medi-Cal Hardcopy Biller Application Agreement
- OPT OUT Enrollment Form
- OPT OUT Cancellation Form
- OPT OUT Change of Email Address Form
- Pay to Address Change Notification
- Point of Service (POS) Device Usage Agreement
- Provider Billing Intermediary Notification Form (Denti-Cal Form)
- Provider: Medi-Cal Hardcopy Biller Notification Form
- Qualified Provider Application for Presumptive Eligibility Participation and Presumptive Eligibility Qualified Provider Responsibilities and Agreement (MC 311)

NOTE: If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

PROVIDER TAXONOMY CODE INFORMATION – Please enter each Taxonomy Code you provided in the original application to CMS/NPPES to obtain this NPI. Please attach a separate sheet for additional taxonomy codes.

Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code

ADDITIONAL MEDICARE NPI INFORMATION (Please attach a separate sheet for additional Medicare NPIs.)

NPI	NPI
NPI	NPI

ADDITIONAL NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION (Please attach a separate sheet for additional NMP NPIs.)

NMP License Number	NMP NPI	NMP License Number	NMP NPI
NMP License Number	NMP NPI	NMP License Number	NMP NPI

A separate NPI registration form is required for each existing Provider number.

For Department Use Only
 Input Date _____
 Initials _____
 QM Initials _____